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## BIB DATA SHEET

CONFIRMATION NO. 2591

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/708,592	03/12/2004	705	3693	03292.101920		
<b>RULE</b>						
<b>APPLICANTS</b> Aliza Freud, Maplewood, NJ; Christine Lynch, Scarsdale, NY; Dee McBride, Scottsdale, AZ;						
<b>** CONTINUING DATA *****</b>						
<b>** FOREIGN APPLICATIONS *****</b>						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 05/20/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and /KEVIN T POE/ Acknowledged Examiner's Signature		<input type="checkbox"/> Met after Allowance kp Initials	<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWINGS</b> 6	<b>TOTAL CLAIMS</b> 14	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> FITZPATRICK CELLA HARPER & SCINTO 30 ROCKEFELLER PLAZA NEW YORK, NY 10112 UNITED STATES						
<b>TITLE</b> A SYSTEM AND METHOD FOR USING CASH REBATES						
<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			